Putting Practice Into Law

To THE EDITOR: I read with interest the discussion on "Physician Risk and Responsibility in the HIV Epidemic" by Dr Molly Cooke in the January issue.[1] Her review was both cogent and concise, but I find it lamentable that she neglected to point out that in spite of our vaunted professionalism and high ethical standards, there is no societal guidance, incentive, or even concern for such matters embodied in the legal foundation of our profession—the Medical Practice Act. As a former member of the Board of Medical Quality Assurance, I am very familiar with the necessary but rather mundane matters within the authority of the medical board as outlined by Dr Kardos in the same issue.[2] Now more than ever, as cultural coherence seems to be slipping away, as physicians become more masters of technology than ministers of human kindness, as spiritual and ethical matters are more pontificated than practiced, I think it is long overdue that public policy should embody codes of responsibility for its physicians in return for the granting of a license, and such issues as treatment without discrimination according to race, sex, or religion (which we all accept), as well as without regard to disease process (within the realm of competence) or regardless of ability to pay or type of insurance should be embodied in law to give our profession a boost into the real world where it can best serve the commonweal.

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Zinc

To THE EDITOR: I read with great interest the article on zinc abuse in the February issue.[1] Since I was involved in the original studies of zinc deficiency, I would like to describe the conditions of zinc deficiency as found in humans and the consequences of using zinc as a supplement in multivitamins in the United States.

In 1961 Prassad and colleagues described a number of dwarfs in Iran who had geophagia and exhibited severe anemia and hepatosplenomegaly.[2] From the accumulated literature on studies in animals, they postulated that this could be due to zinc deficiency. Sure enough, after more extensive studies in Egypt and Iran, a number of people having malabsorption, possessing bizarre appetites, or using abnormal substances in their diet were found to suffer from a lowering of levels of zinc, which had affected their growth and sexual maturation.[3-5] During the 1970s, we studied a group of dwarfs in Shiraz using a double-blind controlled method that proved beyond any shadow of a doubt that zinc can alleviate hypogonadism and dwarfism in those who have been suffering from severe malnutrition.[5]

A number of other studies were done that showed that zinc deficiency may appear during stressful conditions such as surgical procedures and pregnancy.[6,7] In 1973 the World Health Organization published a blueprint for future use of zinc in nutrition.[8] To my knowledge, no change has been made since that expert committee meeting. In 1987 I described the nutritional value of zinc and clinical manifestation of zinc deficiency.[9]

It is unfortunate that some pharmaceutical companies have abused the facts regarding zinc deficiency in humans. A large number of products containing zinc have been manufactured and are being highly advertised as a potential remedy for a variety of conditions. I feel this is false advertising. Certainly, zinc deficiency occurs where there is an extreme degree of malnutrition or a situation of stress, at which time the body needs more trace elements and vitamins of all sorts. Some pharmaceutical companies have, however, in their advertisements, attempted to define zinc's nutritional value as being "better than gold."

In my opinion, the Food and Drug Administration must not only monitor the manufacturing of superfluous zinc products but must also stop misleading advertisements advocating their use. I think that zinc as a nutritional supplement should not be abused to the degree that it has been over the past few years, and I fully support Dr Forman, who indicated in his article that the dosage of 50 mg should be reduced to 5 mg. Finally, I also think that zinc should be sold only as a prescription item.

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Confidential and Anonymous Testing

To THE EDITOR: The letter to the editor by Hoffman and colleagues in the January issue[1] may mislead readers. The report compares the response to human immunodeficiency virus (HIV) antibody testing in Colorado and Oregon. The report states that in Colorado "All testing is done confidentially." Colorado, however, does not require proof of identification for testing.[2] Therefore, this system operates partially as an anonymous testing program. The Colorado testing program would be more accurately described as a hybrid system of confidential name reporting and optional anonymous reporting.

The authors' conclusion would be more accurately stated: *The comparison of testing in the two states does not support the contention that substantially fewer gay men are tested under the Colorado model of confidential and optional anonymous reporting.*

This distinction is particularly important because many argue that data from Colorado support the efficacy of mandatory name reporting programs. The Colorado data should only be interpreted to support or disprove the value of similar confidential and anonymous reporting models. They do not support or disprove the value of a dissimilar model, such as strict mandatory name reporting. Several studies suggest,

however, that mandatory name reporting would discourage substantial numbers of persons from being tested.[3-9]

The authors correctly caution about overinterpreting testing data, and they cite factors that should be considered in comparing testing programs and data from different states. In addition, I would add at least two other notable factors. These are (1) differences in state laws that protect HIV-infected persons from discrimination and (2) differences in the perception of the trustworthiness of the local or state health departments.

It would be valuable to have data from Colorado that specifically look at the extent to which the Colorado model encourages or discourages various populations within Colorado from being tested. Such studies may be difficult to conduct, but they ultimately would be more important than relying on testing curves between states in which many variables come into play.

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